Date Received 4-6-83

SEE INSTRUCTIONS ON BACK
MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 6 1983

Application No. 19526

T. C. No. 017-241-15

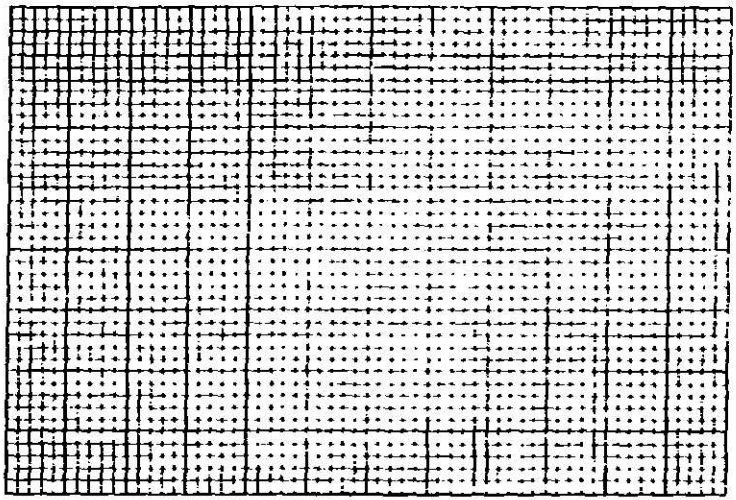
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No of Bedrooms 3

5) Business Use — Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source ✓
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Locklear (LAST) Arnold (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Lakehaven Drive, Rt. 3, Box 1838

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM Lake Haven Dr. ~~Hollywood Estates~~ Huntington Forest MHP
(STREET OR COUNTY ROAD)

17) SUBDIVISION ~~Hollywood Est. MHP~~ Huntington Forest Lot No. 28 & 29 Block No. ___
Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? YES ✓ NO DATE RUN ___

20) PTR NUMBER (See Instructions) 1 ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4-6-83
DATE OF APPLICATION

Arnold R Locklear
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

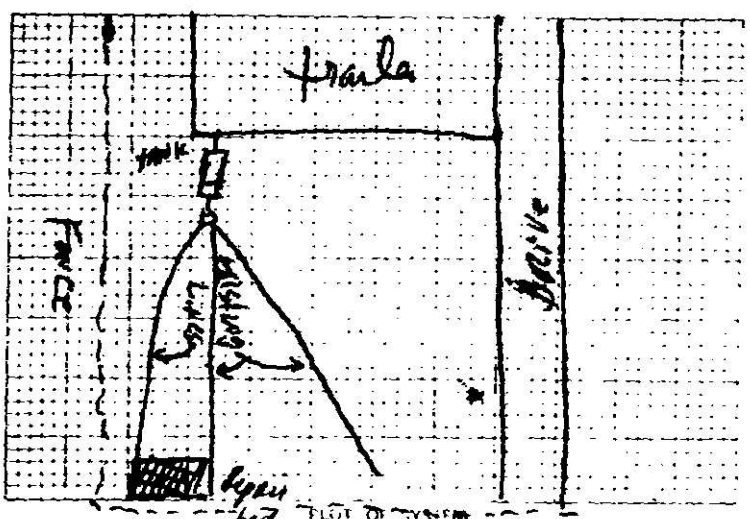
Date Issued 4-6-83 Serial No. 6118 ICAR(S) Permit No. 19526

T C No. 017-241-15

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application ___, dated 4-6-83 and the permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5-1-83, after which date this permit shall be null and void.



Permeability Rate Repair

Tank Capacity 1000 Gals

Distribution

Min. Absorption Area

Trench Width 100'

Trench Depth 2

Distance from Building 710'

Distance from Property Line 710'

Distance from Well >100'

NAME OF OWNER Lake Haven Dr Arnold Locklear

LOCATION OF PROPERTY Lakehaven DR, Huntington Forest

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system for any liability resulting from the failure of the system to operate properly.

Repair bed 6 ft wide x 175 ft long x 5 ft stone

Comments:

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19526

Date Issued 5-2-83 Serial 5795 T C. No. 017-24H-15

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Locklear (LAST) Arnold (FIRST) (MIDDLE)

Location of Property Lakehaven Dr, Huntington Forest

Application Number 19526 Permit Number 19526

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 5' Cover Depth 2'

Water Supply Source Comm well Distance from Water Source ≥ 100'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-2-83 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments

R P Regan
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY